

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024617

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3378

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 14 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		d. STREET ADDRESS (If outside, give location) 3407 1/2 Main	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST GLYNN STINNETT		4. DATE OF DEATH Month Day Year June 13 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1924
9. AGE (last birthday) 38	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (City and state or country) Tell, Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jesse A. Stinnett		13b. MOTHER'S MAIDEN NAME Mahota Wilkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Shirley Stinnett		Address 3407 1/2 Main St.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiratory paralysis DUE TO (c) Intra cerebral hemorrhage Degeneration - post traumatic		INTERVAL BETWEEN ONSET AND DEATH 1 hour 24 hours 9 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 6-12-63 to 6-13-63 and last saw him alive on 6-13-63 Death occurred at 7:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 246 Plaza Time Bldg	
22a. SIGNATURE [Signature] (Degree or title)		22c. DATE SIGNED 6-14-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-15-1963	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	23d. LOCATION (City, town, or county) Tell, Texas
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 6-15-63	
ADDRESS 20 W. Linwood		26. REGISTRAR'S SIGNATURE Ruth H Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Gregory Succi
Plaza Time Bldg.
LO 1-5532

Fri: 2:00 to 5:00
1246 Huntington Rd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Floyd F. Dickman

Licensed Embalmer No. 5180

P. O. Address Ke 11 mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.